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		<u> </u>			ATTORNEY	DOCKETNO	CONFIRMATION NO.
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTO				
10/797,958 03/10/2004 FITLE OF INVENTION: ANESTHESIA CONDUCTION CATHET			Stephen Brusiley				4864
FITLE OF INVENTION:	ANESTHESIA COND	UCTION CATHETER F	OR DELIVERY OF ELE	CIRICAL STIMUL	.03		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$1510.00	\$300	\$0	4	1810.00	08/26/2010 -
EXAM	NER	ART UNIT	CLASS-SUBCLASS	7			·
BOUCHELLE, LAURA A		3763	604-021000				
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CFR 1.363).			(1) the names of up to or agents OR, alternation	to 3 registered pater	t attorneys	1	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
☐ "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	cation (or "Fee Address 2 or more recent) attach	2 registered patent attorneys or agents. If no name is 3					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)			the hear field for
PLEASE NOTE: Unle recordation as set forti	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee oletion of this form is NC	data will appear on the of a substitute for filing a	patent. If an assign n assignment.	iee is identif	ned below, the do	cument has been filed for
(A) NAME OF ASSIC			(B) RESIDENCE: (CIT	Y and STATE OR (COUNTRY)		
Micor, Inc	•	Bethlehem, PA 18018					
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent):	Individual 🚨 C	orporation or	r other private gro	up entity Government
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